

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/772,010	
	Filing Date	February 3, 2004	
	First Named Inventor	Swafford	
	Art Unit	2859	
	Examiner Name		
Total Number of Pages in This Submission		Attorney Docket Number	11610.00095

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Correction of Inventor Address; Updated ADS				
<table border="1"><tr><td>Remarks</td><td>Being filed via Express Mail No.:EV406109381US</td></tr><tr><td colspan="2">The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.</td></tr></table>			Remarks	Being filed via Express Mail No.:EV406109381US	The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.	
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The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.						

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Scott A. Burow
Signature	
Date	June 16, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

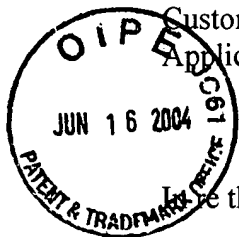
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name			
Signature		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

06/17/04

IFW

Customer No. 22908  
Application No. 10/772,010



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In the Application of:

Swafford, et al.

Serial No.: 10/772,010

Filed: February 3, 2004

For: System for Inventory Management

Atty. Docket No.: 011610.00095

Group Art Unit: 2859

Examiner:

Confirmation No.: 4094

**REQUEST TO CORRECT INVENTOR ADDRESS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant requests that the residential address name of the first inventor be corrected to read "1081 Foxworth Boulevard" and not "1081 Foxworthy Boulevard". The correct spelling of the address is shown in the updated application data sheet that is attached.

Please charge any additional fees or credit overpayment to Deposit Account No. 19-0733.

Respectfully submitted,  
BANNER & WITCOFF, LTD.

Dated: June 16, 2004

By: Scott A. Burow

Scott A. Burow  
Reg. No. 42,373

Banner & Witcoff, Ltd.  
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(312) 715-1000

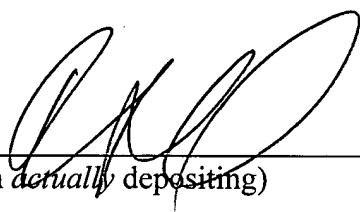


**CERTIFICATE OF MAILING BY "EXPRESS MAIL"  
(PATENT)**

Express Mail No: EV406109381US

Deposited: June 16, 2004

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR § 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By:   
(person ~~actually~~ depositing)

Applicant: Swafford, et al.

Serial No. 10/772,010

Date of Filing: February 3, 2004

Title: SYSTEM FOR INVENTORY MANAGEMENT

- (X) Transmittal (1 page) in duplicate
- (X) Request to Correct Inventor Address (1 Page)
- (X) Updated Application Data Sheet (4 pages)
- (X) Return Receipt Postcard

Attorney Docket No. 11610.00095

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